CLAIMS ONLY

Application Number	Filing Date
10/765083	
Applicant(s)	

07-15-05

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				2		
15				X		
16				X		
17				X		
18				X		
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49						
50						
Total Indep			1			
Total Depend			12			
Total Claims			13			

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						